
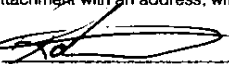


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90033 017 \*\*\*\*70.00

<b>DOCUMENT # P00493</b> 1. Entity Name <b>COASTAL CONSERVATION ASSOCIATION, INC.</b>			
Principal Place of Business <b>905 EAST PARK AVENUE TALLAHASSEE, FL 32301-9646</b>		Mailing Address <b>3333 S. ORANGE AVE. SUITE 103 ORLANDO, FL 32806 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4061 FORESTAL AVE.</b> Suite, Apt. #, etc. <b>SUITE # 8</b>		3. Mailing Address <b>P.O. Box 568886</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32806</b>	Country <b>USA</b>	Zip <b>32856</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>WILLIAM R. BIRD JR 215 N. EOLA DR ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <b>GEIGER, GEORGE</b> <b>566 PONOKA ST.</b> <b>SEBASTIAN, FL 32958</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>GEIGER, GEORGE</b> <b>566 PONOKA ST.</b> <b>SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CARTER, MARK</b> <b>2932 BOWER RD</b> <b>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIRMAN</b> <b>CARTER, MARK</b> <b>2932 BOWER RD.</b> <b>WINTER PARK, FL 32792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>HOWTON, DAVID</b> <b>PO BOX 185</b> <b>NEWBERRY, FL 32669</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>T. JAMES GRAY</b> <b>1319 BUCKWOOD DR.</b> <b>ORLANDO, FL 32806</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>HENDRICKS, ROBERT</b> <b>5119 BEACH RIVER ROAD</b> <b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BIRD, WILLIAM</b> <b>215 N EOLA DRIVE</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BIRD, WILLIAM</b> <b>215 N. EOLA DR.</b> <b>ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>PINDER, JOHN</b> <b>1931 LEGION DRIVE</b> <b>WINTER PARK, FL 32789</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>W. DAVID ELLRICH, JR.</b> <b>4400 PGA BLVD. SUITE 400</b> <b>PALM BEACH GARDENS, FL 33410-6557</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <b>CCA/CEO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-9-2007 407 854-7002</b> <small>Date Daytime Phone #</small>	